ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NW	71530	07-13-00
O.I.P.E. CLASSIFIER		d/3	7/17/00
FORMALITY REVIEW	CA	109976	8/31/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ .... Rejected
= .... Allowed
– (Through numeral)... Canceled
÷ .... Restricted

N .... Non-elected
I .... Interference
A .... Appeal
O .... Objected

Claim Final	Original	Date
1	✓	
2	✓	
3	✓	✓
4	✓	✓
5	✓	✓
6	✓	✓
7	✓	✓
8	✓	✓
9	✓	✓
10	✓	✓
11	✓	✓
12	✓	✓
13	✓	✓
14	✓	✓
15	✓	
16	✓	
17	✓	
18	✓	
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31	✓	✓
32	✓	
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34		✓
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42		✓
43		✓
44		✓
45		✓
46		✓
47		✓
48		✓
49		✓
50		✓

Claim Final	Original	Date
51	✓	✓
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Claim Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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